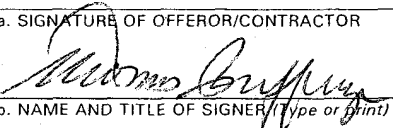
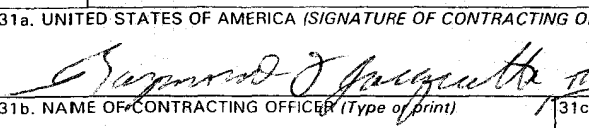


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE 1 OF 6	
2. CONTRACT NO. SPM300-04-D-V049		3. AWARD/EFFECTIVE DATE 7/15/04		4. ORDER NUMBER		5. SOLICITATION NUMBER SP0300-04-R-4010	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Pete Krok Contract Specialist		b. TELEPHONE NUMBER (No collect calls) (215) 737-3677		8. OFFER DUE DATE/LOCAL TIME 03/17/2004 04/20/04 3:00 pm	
9. ISSUED BY DEFENSE SUPPLY CENTER PHILADELPHIA DIRECTORATE OF SUBSISTENCE, Bldg 6 700 Robbins Avenue Philadelphia, Pa 19111-5092 Attn: DSCP-HFVE MAIL/HANDCARRY/ TRANSMIT				10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: 311511 SIZE STANDARD: 500		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP	
15. DELIVER TO CODE				16. ADMINISTERED BY same as Block 9 CODE			
17a. CONTRACTOR/OFFEROR Byrne Daim 240 Oneida St. Syracuse NY 13202 TELEPHONE NO. 315 455-2111 <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18a. PAYMENT WILL BE MADE BY Defense Center Columbus Attn: DFAS-CO-SES p.o.Box 182317 Columbus, OH 43218-6266 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		See Pages 2 Through 6					
						23. UNIT PRICE	
						24. AMOUNT	
				(Use Reverse and/or Attach Additional Sheets as Necessary)			
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only) 834,367.56	
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED	
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. SP0300-04-R-4010 OFFER DATED 3/24/04 . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR 				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 			
30b. NAME AND TITLE OF SIGNER (Type or print) Thomas Ruffrage Bid Coordinator		30c. DATE SIGNED 3/24/04		31b. NAME OF CONTRACTING OFFICER (Type or print) RAYMOND F. JACQUETTE, III		31c. DATE SIGNED 7/15/04	

SPM300-04-D-V049

PAGE 2 OF 6

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
SEE SCHEDULE OF LIST OF SUPPLIES: CONTRACT PERIOD FROM 02 AUGUST 2004 through 01 July 2006					

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED☐ INSPECTED☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____32b. SIGNATURE OF AUTHORIZED GOVERNMENT
REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT
REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED
CORRECT FOR

36. PAYMENT

☐ COMPLETE ☐ PARTIAL ☐ FINAL

37. CHECK NUMBER

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

42a. RECEIVED BY (Print)

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS

GROUP IV - KELLER ARMY HOSPITAL & WEST POINT DINING FACILITY, WEST POINT, NY.

<u>ITEM NO.</u>	<u>SUPPLIES/SERVICES</u>	<u>EST. TOTAL QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
	<i>MILK, LOWFAT (1%)</i>				
29.	HALF PINT CATALOG NO. <u>350</u>	16,000	½ PT	\$ <u>.22</u>	\$ <u>3,520.00</u>
	KELLER ARMY HOSPITAL 16,000				
	<i>MILK, LOWFAT (1%), LACTOSE REDUCED</i>				
30.	QUART CATALOG NO. <u>312</u>	48	QT	\$ <u>1.57</u>	\$ <u>75.36</u>
	KELLER ARMY HOSPITAL 48				
	<i>MILK, SKIM (NONFAT)</i>				
31.	HALF PINT CATALOG NO. <u>500</u>	18,000	½ PT	\$ <u>.21</u>	\$ <u>3,780.00</u>
	KELLER ARMY HOSPITAL 18,000				
32	GALLON CATALOG NO. <u>15</u>	900	GL	\$ <u>2.79</u>	\$ <u>2,511.00</u>
	KELLER ARMY HOSPITAL 900				
	<i>MILK, REDUCED FAT (2%)</i>				
33	BULK, 5 Gallon BIB CATALOG NO. <u>541</u>	4,380	GL	\$ <u>3.07</u>	\$ <u>13,446.60</u>
	WEST POINT DINING FAC 4,380				
	<i>MILK, CHOCOLATE FLAVORED, LOWFAT</i>				
34.	HALF PINT CATALOG NO. <u>375</u>	7,200	½ PT	\$ <u>.23</u>	\$ <u>1,656.00</u>
	KELLER ARMY HOSPITAL 7,200				

<u>NO.</u>	<u>SUPPLIES/SERVICES</u>	<u>EST. TOTAL QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
	<i>HEAVY WHIPPING CREAM, ULTRA PASTEURIZED</i>				
35.	QUART CATALOG NO. <u>396</u>	600	QT	\$ <u>2.76</u>	\$ <u>1,656.00</u>
	KELLER ARMY HOSPITAL 600				
	<i>SOUR CREAM, CULTURED OR ACIDIFIED</i>				
36.	PINT CATALOG NO. <u>700</u>	600	PT	\$ <u>1.18</u>	\$ <u>708.00</u>
	KELLER ARMY HOSPITAL 600				
37.	5 LB SIZE CATALOG NO. <u>735</u>	600	5 LB	\$ <u>4.75</u>	\$ <u>2,850.00</u>
	WEST POINT DINING FAC 600				
38.	<i>COTTAGE CHEESE, LOWFAT, SMALL OR LARGE CURD</i>				
	SPECIFIC SIZE PER CO. - 5 LB PKG 730		LB	\$ <u>1.02</u>	\$ <u>744.60</u>
	SPECIFIC PRICE PER CO <u>\$5.10</u>				
	CATALOG NO. <u>233</u>				
	WEST POINT DINING FAC 730				
	<i>COTTAGE CHEESE, LOWFAT, SMALL OR LARGE CURD</i>				
39.	5 LB. PKG. CATALOG NO. <u>233</u>	200	CO	\$ <u>5.10</u>	\$ <u>1,020.00</u>
	KELLER ARMY HOSPITAL 200				

YOGURT, LOWFAT, CHILLED

40. HALF PINT 4,000 ½ PT \$.60 \$ 2,400.00

**SPECIFY TYPE (i.e. BLENDED,
SWISS STYLE, FRUIT-ON-THE-BOTTOM)
SWISS STYLE**

**SPECIFY AVAILABLE FLAVORS AND
CORRELATING PRODUCT CODE**

BLUEBERRY 871

PEACH 872

RASPBERRY 873

STRAWBERRY 874

CHERRY 875

SPECIFY QUANTITY PER PACK 12

KELLER ARMY HOSPITAL 4,000

ESTIMATED TOTAL GROUP IV: \$ 34,367.56

GROUP IV - KELLER ARMY HOSPITAL & WEST POINT DINING FACILITY, WEST POINT, NY.

KELLER ARMY HOSPITAL
900 WASHINGTON ROAD
WEST POINT, NY 10996

REQUIREMENTS: 3 DAYS PER WK., MON-WED-FRI

DELIVERY TIME: 6:30 A.M. – 10:00 A.M.

POC: ROSA LOPEZ

845-938-6663

FAX: 845-938-5053

WEST POINT DINING FACILITY WEST POINT DINING FACILITY
BLDG. 620
WEST POINT, NY 10996

REQUIREMENTS: 1 DAY PER WK. MON-WED-FRI

DELIVERY TIME: 6:00 A.M. – 8:00 A.M.

POC: GEORGE WITENKO

845-938-7120

FAX: 845-938-2097

BLDG. 1701
Camp Natural Bridge
Route 293 (8 miles from West Point)

REQUIREMENTS: 3 DAYS PER WK. MON-WED-FRI (from mid-May to August 15)

DELIVERY TIME: 7:00 A.M. – 9:00 A.M.